

| POSITION            | INITIALS | ID NO.   | DATE    |
|---------------------|----------|----------|---------|
| FEES DETERMINATION  | T.D.     |          | 1/18/99 |
| O.I.P.E. CLASSIFIER |          | 48       | 1/22/99 |
| FORMALITY REVIEW    |          | SA 03380 | 2/3/99  |

## INDEX OF CLAIMS

|                        |            |   |              |
|------------------------|------------|---|--------------|
| ✓                      | Rejected   | N | Non-elected  |
| =                      | Allowed    | I | Interference |
| — (Through numeral)... | Canceled   | A | Appeal       |
| ÷                      | Restricted | O | Objected     |

| Claim    | Date    |
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| Final    | 9/7/98  |
| Original | 1/20/02 |
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| Claim    | Date    |
|----------|---------|
| Final    | 9/7/98  |
| Original | 1/20/02 |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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